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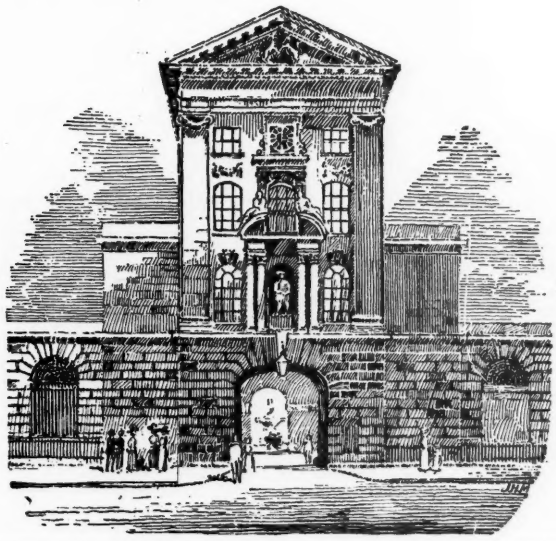
ST. BARTHOLOMEW'S HOSPITAL JOURNAL



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"Æquam memento rebus in arduis
Servare mentem."
—*Horace*, Book ii, Ode iii.

VOL. XXXII.—No. 6.] MARCH 1ST, 1925. PRICE NINEPENCE.

CALENDAR.

Mon.,	Mar.	2.	—Special Subject Lecture. Mr. Rose. **Hichens Prize.**
Tues.,	,,	3.	—Dr. Langdon Brown and Sir C. Gordon-Watson on duty.
Wed.,	,,	4.	—Clinical Surgery Lecture. Sir C. Gordon-Watson.
Fri.,	,,	6.	—Prof. Fraser and Prof. Gask on duty.
Sat.,	,,	7.	—Rugby Match *v.* H.A.C. Home. Association Match *v.* Old Cholmelians. Away. Hockey Match *v.* St. Albans. Home.
Mon.,	,,	9.	—**Kirkes Gold Medal and Scholarships.** Special Subject Lecture. Mr. Elmslie.
Tues.,	,,	10.	—Dr. Morley Fletcher and Sir Holburt Waring on duty.
Fri.,	,,	13.	—Clinical Medicine Lecture. Sir Thomas Horder. Sir P. Horton-Smith Hartley and Mr. McAdam Eccles on duty.
Sat.,	,,	14.	—Rugby Match *v.* Blackheath. Away. Association Match *v.* Old Westminster Citizens. Away. Hockey Match *v.* Woolwich Garrison. Away.
Mon.,	,,	16.	—Special Subject Lecture. Mr. Just.
Tues.,	,,	17.	—Sir Thomas Horder and Mr. Rawling on duty.
Fri.,	,,	20.	—Dr. Langdon Brown and Sir C. Gordon-Watson on duty.
Sat.,	,,	21.	—Rugby Match *v.* London Scottish. Home. Association Match *v.* University College. Away. Hockey Match *v.* Hendon. Away. **Last day for receiving matter for April issue of Journal.**
Tues.,	,,	24.	—Prof. Fraser and Prof. Gask on duty.
Fri.,	,,	27.	—Dr. Morley Fletcher and Sir Holburt Waring on duty.
Sat.,	,,	28.	—Rugby Match *v.* Gloucester. Away. Association Match *v.* Old Carthusians. Home. Hockey Match *v.* Guy's Hospital. Away.
Tues.,	,,	31.	—Sir P. Horton-Smith Hartley and Mr. McAdam Eccles on duty.

EDITORIAL.

WE appeal to our readers for help. We have received an almost tear-stained letter from a lecturer on first-aid. After his most eloquent discourse he invited questions, and simultaneously three gentlemen begged for his help on a pressing subject, to wit—a word of three letters meaning "millions of polymorphonuclear leucocytes.' When most needed as a guide to the young he failed. He has appealed to us. We have failed. It is rumoured that one enthusiast has offered to give £20 to the Hospital if this, the last link in his cross-word puzzle, is supplied for him. We appeal for help!

* * *

On Thursday, February 12th, sixteen of his house-surgeons entertained Sir Holburt Waring to dinner at the Langham Hotel, to mark their appreciation of the honour conferred upon him. In the chair was Mr. C. Noon, of Norwich, and as guests, Sir Charles Gordon-Watson—Sir Holburt's first Assistant Surgeon—and Mr. Harold Wilson, his present Assistant.

* * *

Four lectures were given in the Medical and Surgical Theatre, beginning on Monday, February 16th, by Sir William de Courcy Wheeler, past president of the Royal College of Surgeons of Ireland. Sir William was greeted each evening by a crowded and enthusiastic audience. His lectures—on the treatment of fractures of the pelvis and of the bones of the lower limb—were instructive, brilliantly delivered, and freely sprinkled with wit and telling anecdote.

While welcoming always lectures at our School by distinguished men of other centres, particularly would we welcome another visit from Sir William Wheeler.

* * *

Some important entities in our Hospital's organization have a habit of hiding their light under a bushel. One such entity is that under the care of Miss Ball. What goes on in that unostentatious little office in the corner of the Surgery? A lady of St. Luke's arrives one morning with a large mammary abscess. She is told she must come into Hospital at once, and have it

operated on. "Oh, doctor, I can't! I've a baby of 3 months and three more little children, and no one to look after them. No doctor, I can't come—can't you cure it with fomentations." Hastily Miss Ball is consulted, and in an incredibly short space of time the baby and the little children are arranged for, and the mother, with a load off her mind, cheerfully agrees to be admitted.

Another small boy has chorea—and a large number of brothers and sisters; his home is Guinness's Buildings. With a surprisingly small amount of form-signing he is carried off to the country—quite a change from Lever Street. The quiet efficiency with which this department is managed earns deep respect from all those who come in contact with it. Nowhere in the Hospital is work of such solid merit carried out with so little fuss.

* * *

Our Librarian, Mr. A. H. Coughtrey, recently retired from his office as Editor of *The Hospital Gazette*, a post which he has held for the past seven years.

A presentation was made to him at the headquarters of the Incorporated Association of Hospital Officers, consisting of a handsome drawing-room clock and a gold double albert chain. A large number of Hospital administrators were present, and cordial references were made to the able manner in which the *Gazette* had been conducted.

* * *

On March 25th the annual soccer match between the "Centrels" (Central Telegraph Office) and our soccer club will take place on the Tufnell Park ground, kindly lent by the owners. The receipts, as in former years, will he handed over to the Hospital, and it is hoped that an endeavour will be made to make this match a big success. Unfortunately last year owing to a misunderstanding the receipts were a little disappointing, but matters will be rectified this year, and the Contributions Department hope for substantial help. Tickets can be obtained from W. A. Mailer.

* * *

We regret to record the death of Dr. Klein, an appreciation of whose work will be found elsewhere in this issue. We are reminded of an amusing story told of this great bacteriologist. Many years ago a surgeon of the Staff met him one day in the Square and remarked, "Well, Dr. Klein, and what have you discovered lately about the red blood-corpuscles?" Swiftly came the reply—"We have discovered that they are not red, and that they are not corpuscles"!

THE INFLUENCE OF HABITS IN THE CAUSATION OF DISEASE.

By GEOFFREY EVANS, M.D., F.R.C.P.

IN some ways there is no better place than a large general hospital for studying the causation of disease, especially when the disease is due to bacterial infection. A hospital provides immediate facilities for identifying the tubercle bacillus, for instance; or if a Klebs-Löffler type of bacillus has been isolated, and there is still doubt as to its virulence, its power of killing a guinea-pig within the specified number of days is easily tested. Another more subtle example of bacteriological skill is the detection of the *Spirochæte pallida* by dark-ground illumination, and the indirect evidence of its activity by Wassermann and Sigma tests. These are just commonplace illustrations of the refinements of bacteriological technique. Meanwhile, the net is being spread wider and with a finer mesh to catch the filter-passers and ultra-microscopic germs.

Of equal, or indeed greater, importance is the part played by habits in the causation of disease. Bad habits may be directly responsible for disease, or they may be indirectly responsible to the extent that they prepare the ground for bacterial invasion; speaking metaphorically, they may nourish the little germs during the early period of their struggle for existence in the human body.

Habits are very difficult matters to grasp in hospital practice, for we do not know our patients well enough. It is true that every medical history-sheet contains a reference to alcohol, tea and tobacco, and I would not for a moment depreciate the harmful effects that these luxuries may have. It is possible that the harmful effects of tobacco are even yet insufficiently realized, and probably the slighter degrees and earlier stages of alcoholic cirrhosis are overlooked except in obviously intemperate folk. But whatever harm there may be to some people in drinking tea and alcohol, and in smoking tobacco, it is nothing compared to the harmful effects of some other habits in life.

There are habits of living, of eating, working, and sleeping, and habits of mind, all of which are most potent influences on bodily health. An open and contented mind, a freedom of spirit and a strong confidence in the future are great assets in the recovery from disease. In contrast with this a poor spirit and a continual sense of apprehension or fear hinder recovery; such an attitude of mind may be a congenital weakness, or perhaps it is more often a symptom of fatigue.

Of all the habits responsible for ill-health, fatigue is the commonest, and fatigue becomes a habit all too easily. Initially it is often unavoidable whether it is

due to over-work, or sorrow or disappointment. But for the persistence of fatigue it is wise to look for some other than its original cause. As doctors we can hardly influence sorrow, and it is a pity to curtail work. It may not be the extra hours of night work that tire a man so much as the extra pipes or cigarettes which these extra hours allow; it may be the extra hours in a stuffy or gas-dried atmosphere that tire him, or if the extra work is by day, it may be done at such pressure that there is no time for meals, and so digestion suffers, or in some other way it may break in on the rhythm of life. Such considerations as these show the numerous opportunities that may offer for adjustment before fatigue brought on by over-work is treated by direct restriction of the work. Fatigue is a luxury, too, that unhappy people are sometimes driven to indulge in, and it is in such cases that fatigue as a habit is most strongly entrenched.

Fatigue so often shows itself first in a disturbance of normal digestion that it seems natural to turn next to habits of eating. It is a sad reflection how often good stomachs are ruined by bad habits, and some people maintain that as much ill-health results from eating too much as from drinking too much. Now, as we are on the brink of a campaign in favour of eating wholesome food, there is no need to emphasize the recently acquired habit of eating food that is over-stale. Nature has made some provision for dealing with dirty food, but she has been caught bending, as it were, by the habit of eating chemically preserved food from bottles and tins. Further, it is worth remembering that good food is made better by good company, and by being eaten perhaps with fingers in the open air, or off Worcester china with a silver fork at home. Such things improve the appetite, and the appetite affects the activity of the whole digestive tract; for a healthy activity of the upper end of the alimentary tract is naturally reflected in a proper activity of the lower end. Constipation is one of the common bad habits, and to promote a good appetite is the first step in its treatment. The next step is to see that there is time for the bowels to act. In many people there is a latent period between the taking of breakfast and the action of the bowels; thus, if the latent period between the time of beginning breakfast and the action of the bowels is three-quarters of an hour in a particular case, constipation will likely result if that person leaves the house within half an hour of beginning breakfast. It might be, then, that breakfast a quarter to half an hour earlier would be the alternative to a daily purge, and yet people often do not understand these things, and so attempt to correct one bad habit—that of getting up too late—by another—that of taking a daily purge. And so what was bad is made worse, and the risks of appendicitis, colitis, piles and other complaints are increased.

Any discussion of habits, however cursory, would be incomplete without reference to recreation. There can be no doubt that the ideal life is one of ceaseless activity, and that anyone who needs rest is old, or tired or ill. There cannot be many who are strong enough, even if they wished it, to follow the advice Mr. Ford is reputed to have given to the effect that a man should work all day and dream about his work all night; whoever said this must be an enthusiast or nearly mad. On the other hand, it may be good recreation to change from one kind of work to another, and if the second kind of work is sufficiently congenial it may be called a hobby. There are some whose relaxation must be physical exercise, and it is good for all boys and young men to take regular physical exercise, while some men, particularly those who have a sluggish digestion or who eat too much, require it all their life. Games and sport belong to a different category. For some they make life worth living, and for others they are the very salt of life; they tend, at any rate, to create a need and habit of physical exercise.

Some habits are matters of choice; others—and these so difficult to alter—seem to be part of the individual make-up, and are constitutional assets or defects, according to their kind. Some habits are just the result of circumstances, which are beyond the individual's control. These may affect whole communities of people, and with every generation great changes in the nation's habits occur.

The medical profession must watch the habits of the people, and the doctor must know the habits of his patients. In his care of those who mould their lives on his advice let him remember that, as Bacon wrote, there is a wisdom beyond the rules of physic, and let him apply to his patients Bacon's further instruction—"Examine thy customs of diet, sleep, exercise, apparel and the like."

NOTES ON THE PATHOLOGY OF THE GALL-BLADDER.

(*An informal address to the Surgical Staff of the University of Michigan.*)

IT seems desirable that from time to time some general review should be made of recent advances in medical science, so that seemingly disconnected pieces of research may be correlated, and the information circulated in the profession. It is impossible for anyone, least of all the student, to read all the relevant pieces of research in the allied sciences,

nor is it indeed desirable. There seems, then, a distinct field for the editorial form of research by those engaged in a close study of any problem. We may even by this means avoid the error of the half-truths copied from text-book to text-book.

In recent years many additions have been made to our knowledge of the physiology and pathology of the gall-bladder. From time immemorial this organ has been regarded as a storehouse of bile, though its mode of functioning and its importance in the human organism have been shrouded in mystery.

Physiology.—The filling of the gall-bladder is due to the presence of the sphincter of Oddi around the ampulla of Vater. When this sphincter is closed the constant low pressure at which bile is secreted is sufficient to fill the gall-bladder by overflow from the common bile-duct. It is interesting to note that the whole extra-hepatic biliary system dilates after the operation of cholecystectomy, or after the experimental ligation of the cystic duct, thus acting as a secondary storehouse.

The emptying of the gall-bladder is associated with the relaxation of the sphincter of Oddi, and experiments have been made to show the interrelation between it and the pylorus. The principal efflux of bile occurs when the acid gastric chyme enters the duodenum, though even in the intervals a small quantity of bile is found. The latter is due to the rhythmic contractions of the organ described by Potter and Mann. These observers further demonstrated the constant low pressure of the bile, and an increase of pressure during feeding.

Roux and McMasters showed that the normal gall-bladder concentrates bile even in the absence of stasis, and that this is due to the withdrawal of fluid. They suggested that the dark concentrated bile, first expelled into the duodenum, acted as a cholagogue, and further assisted in neutralizing the chyme.

Their experiments revealed the origin of "white bile." Normally the ducts secrete a small amount of thin white mucus, but a pathological gall-bladder, or obstructed ducts, will produce large amounts of thin mucus which has come to be known as "white bile." When the mucosa of the gall-bladder has been destroyed by inflammation, this substance is only found in the ducts.

Bio-chemistry.—Normal bile contains 0·15 per cent. of cholesterin, which is held in solution by the bile-salts. Bile-salts are formed from the union of taurin and glycocoll with cholalic acid, the latter being derived from cholesterin in the liver. If the concentration of cholesterin rises, or if the bile-salts available for its solution are reduced, it is liable to be precipitated in the bile.

Normal individuals are able to take large quantities of cholesterin by the mouth, because a corresponding amount of bile-salts are produced by the liver. In persons who develop gall-stones the liver is unable to do this, hence (*a*) some of the cholesterin is retained in the blood—a condition known as hypercholesterinæmia—and (*b*) the bile is always saturated with cholesterin, and is therefore liable to form gall-stones. Over 0·2 per cent. of cholesterin is found in the blood in cases of gall-stones, the normal content being 0·16 per cent.

Sources of cholesterin.—Cholesterin occurs in considerable quantities in the cortex of the suprarenal gland and in the corpus luteum of the ovary. During pregnancy, the corpus luteum being enlarged, there is an increase of cholesterin in the blood, and this declines two months after parturition. Gall-stones occur five times as frequently in women as in men, and 75 per cent of women with gall-stones have had children. In addition to the association with pregnancy, it has been suggested that the occurrence of gall-stones at or about the menopause is due to some disturbance of the normal cholesterin content, due to ovarian changes.

Obese persons show a slight increase in the percentage in the blood, and this is raised by feeding with cholesterin-containing foods.

Outside the body the principal sources are the yolk of eggs, butter, cream, liver, kidney, pancreas, brain, and the fat of pork, goose and duck, and to a less extent the fat of beef.

In the foregoing remarks lies the explanation of the "fat and forty" aphorism, and the known association of gall-stones with pregnancy.

Infection.—Infection has long been regarded as the only cause of gall-stones, but though it is probably the most frequent cause, its importance has, in the past, been exaggerated, and the significance of disturbance in cholesterin metabolism unrecognized.

Naumyn proved that biliary infection caused cholecystitis, and that gall-stones were secondary to it. The causal organisms are *B. coli communis*, and more rarely *B. typhosus*; or the streptococcus derived from foci in the teeth, tonsils, appendix, and gastric or duodenal ulcer. The infective organism is probably either bile- or blood-borne, rather than by direct extension up the common bile-duct.

Gall-stone formation.—Given infection, some epithelial *débris*, and mucus to form a nucleus, and catarrh of the bile-passages to produce stasis of the bile, a deposition of bile-salts will occur and a stone be formed.

In the case of cholesterin stones, with sterile bile and a sterile gall-bladder wall, another explanation must be forthcoming. In this case increased concentration may be a contributing factor, but it cannot be a direct

cause, as bile is normally concentrated in the gall-bladder.

Roux and McMaster found that stones were formed on cannulæ inserted in experimental dogs, and that the stones were formed of calcium bilirubinate and calcium carbonate plus a scaffold of organic matter. Further, gall-stones were sometimes formed in sterile bile, on glass tubes inserted into the gall-bladder, which was subsequently closed.

From this it may be seen that, as in the case of the infective stones, where organisms and epithelial *débris* form the nucleus, the cholesterin stones require some potential nucleus, which in the normal gall-bladder is either expelled, or altered by the presence of a high pH in the bile.

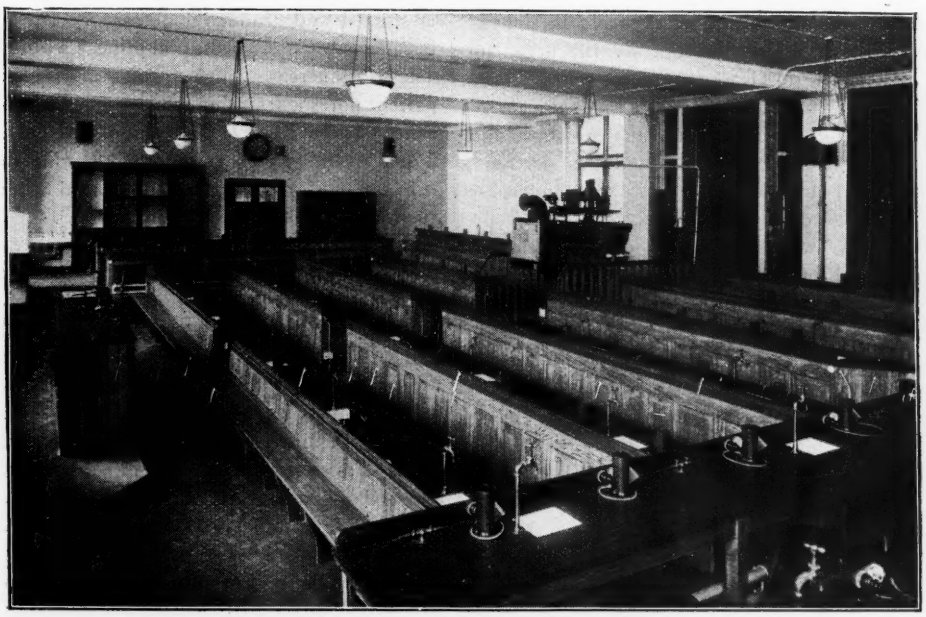
It must be remembered that stones are but "incidents in gall-bladder disease," and that the precursor is always disease of the gall-bladder itself, and often a definite metabolic disease as well.

The earliest stage of the disease is the condition first described by McCarty, of the Mayo Clinic, as the "strawberry" or "lipoid" gall-bladder, and subsequently investigated by Boyd of Manitoba. In it the normal semitranslucency and bluish appearance are lost. The mucosa viewed under water shows tiny yellow specks scattered over a reddish background, thus resembling a ripe strawberry. The "villi-like" folds of mucosa are filled and loaded down with dense deposits of lipoid, which has been shown to be an ester of cholesterin. The principal site of occurrence is in the surface epithelium and in the stroma of the villi. The masses of lipoid overload the villi, forming polypoid tumours of small size, and these, when detached through elongation and thinning out of their pedicles, form the nuclei of the stones.

In addition to the cholesterin deposits, the wall of the gall-bladder may show a chronic inflammatory (non-pyogenic) process which can be compared to chronic nephritis. This inflammatory process may be considered to interfere with the normal absorption of water, and possibly of cholesterin.

Thus it may be seen that as the condition of hypercholesterinæmia is associated with an increase of cholesterin in the bile and in the gall-bladder wall, it must be accepted as a new and important fact in gall-bladder pathology. It has also a direct bearing on prophylaxis, as the avoidance of a diet containing a high percentage of cholesterin during pregnancy, or at the menopause, or in obese patients, may be advocated. A similar *régime* should be instituted as part of the after treatment of every case of cholecystectomy, for a metabolic disturbance which produces stones in the gall-bladder may also produce them in the bile-ducts.

J. Basil Hume.



By kind permission of the 'Lancet.

The New Morbid Histology Laboratory, St. Bartholomew's Hospital. [*See p.* 58 *of January issue.*]

TREATMENT OF GONOCOCCAL INFECTION BY DIATHERMY.

By E. P. CUMBERBATCH.

(*Concluded from p.* 68.)

IN preceding numbers of the JOURNAL it has been shown that the application of diathermy to the cervix uteri and urethra in cases of gonococcal infection in female patients will bring metastatic arthritis to an end, and will render negative all signs of infection of the cervix and urethra by the organism concerned. Results no less satisfactory have been obtained in male patients who were the subjects of gonococcal infection of the joints, the prostate and seminal vesicles, testis, epididymis and vas deferens. Arthritis has been cured or arrested; pain, tenderness and swelling have disappeared from the testis, epididymis and vas, while bacteriological and clinical evidence seemed to indicate that gonococcal infection of the prostate and vesicles had been brought to an end.

It is now the custom in the Electrical Department, when treating gonococcal infection in the male, to subject the prostate and seminal vesicles to diathermy in every case. If there is a metastatic infection of the joints, the treatment of the prostate and vesicles will bring the arthritis to an end even if the joints are not included in the diathermy. If there is orchitis or epididymitis the contents of the scrotum are subjected to diathermy at the same time as the prostate and vesicles. Here, again, the treatment of the last-mentioned parts is the more important. In cases in which the testis and epididymis were purposely excluded from the treatment, the inflammation of these parts soon came to an end when the diathermy was confined to the prostate and vesicles, although pain was relieved more quickly when the testis and epididymis were included. If the infection is known to be restricted to the anterior urethra there is no actual necessity to apply diathermy to the prostate and vesicles. But in the latest method which has been tried for applying diathermy to the urethra one of the electrodes is applied to the prostate and vesicles. The reason for this will be given later when the method is described. The inclusion of the parts last mentioned is likely to be a safeguard against metastasis in cases in which it is uncertain how far the infection has proceeded along the urethra.

The method which is now being used for the application of diathermy to the prostate and vesicles is the following: Two electrodes are used. One, the active electrode, is placed in the rectum, and the other, the directing electrode, is placed around the pelvis, or around the trunk immediately above the iliac crests. The rectal electrode is a hollow metal case 8 in. long, oval in section and $\frac{1}{2}$ in. wide in its longer diameter. It contains a thermometer. The directing electrode is a belt of sheet lead like that used when the cervix uteri is subjected to diathermy. The patient lies on his back with his head and shoulders supported. The active electrode is passed into the rectum; it can usually be introduced 4 in. The outer end is depressed on to the couch by means of a sand bag. The electrodes are connected to the diathermy machine and the current is started and gradually increased. The patient soon becomes aware of a sensation of heat within the rectum. The heat increases, and a stage is reached when the patient notes a sensation which he describes as a painful ache. The current is now diminished until heat alone is perceived. By means of the thermometer electrode it has been ascertained that the painful ache is felt when the temperature of the rectum reaches 114° F. or a trifle higher. It is interesting to recall the previous observation, that female subjects note a change of sensation from heat to pain when the urethra reaches a temperature between 114° and 115° F. When the prostate and vesicles are treated the current is allowed to flow for twenty minutes. The treatment is repeated twice weekly and six to eight applications are made.

When the directing electrode is placed around the pelvis it is probable that the prostate is heated in its entirety together with the proximal portions of the vesicles. It is unlikely that the distal portions of the vesicles are heated directly by the current, although they are probably heated to some degree by convection. If, however, the directing electrode is placed, not around the pelvis, but around the waist, the lines of flow of the current will pass obliquely upwards and outwards. It is probable that they will pass through all parts of the vesicles; the prostate has been pressed forwards by the inner end of the electrode, and it is likely that those parts of the vesicles which lie beyond the electrode will be deflected over the end of the inner extremity of the latter.

No precise statement can be made regarding the temperature reached in the prostate, but an idea of its value may be judged from some observations made on female patients who were subjected to diathermy by the rectal route. A thermometer was placed in the canal of the cervix, and it was found to indicate 108° F. when the temperature in the rectum reached 114°. Since the prostate and cervix uteri bear similar relationship to the electrode in the rectum it may be deduced that the prostate will reach a temperature of 108° F. when the rectal temperature rises to 114.°

It has been stated that the urethra in the female and the cervix uteri are heated to 114° F. or a fraction of a degree higher, and are kept at this temperature for ten minutes. As the prostate cannot be heated to this value the length of exposure is increased to twenty minutes.

If the patient is the subject of gonococcal infection of the epididymis and testis, one electrode is applied to the scrotum and the other is placed in the rectum as described above. The scrotum is enveloped in layers of lint soaked in salt solution and the lint is covered with sheet lead. This electrode and that in the rectum are connected to the diathermy machine and the current is slowly increased. The patient feels heat in the rectum and scrotum. When the heat is as strong as the patient can bear without pain the current is no further increased and is allowed to flow for twenty minutes. It is rarely necessary to give more than three applications to the scrotum.

The vas deferens is sometimes inflamed in the inguinal canal. When this is the case the scrotum is first treated, and then an electrode is placed over the inguinal canal. The circuit is completed by the rectal electrode.

The application of diathermy to the male urethra and the elevation of all parts of the channel to the same temperature is a task of no little difficulty. Attempts have already been made in Germany and Spain to treat gonococcal urethritis in the male by diathermy by introducing a bougie electrode into the urethra, and completing the circuit by means of plate electrodes applied to the perinæum, sacrum and hypogastrium. It is hard to say whether the frequency of gonorrhœa in these countries has diminished since this treatment has been tried. Probably it has not. The method of application just mentioned would not lead to a diminution of frequency, because it is obvious that it cannot heat all parts of the urethra to the same degree. There is considerable difference in the distance between the bougie and the directing electrodes in different parts, and if a correct temperature is produced in the shorter paths there will be insufficient heat in the longer paths. Many methods of applying diathermy to the whole urethra have been tried in the Electrical Department. That which is now under trial and seems to be giving most promise of success is the following: The electrode used for applying diathermy to the prostate and vesicles is placed in position. The penis is now turned downwards and backwards so as to lie between the testicles against the perinæum. A padded metal electrode is placed in contact with the dorsal aspect of the deflected penis, so as to extend from a point just below the lower border of the symphysis pubis to a point 2½ in. from the anus. When in position the electrodes are approximately parallel and the whole of the urethra is included between them.

The most striking proof of the therapeutic value of diathermy in gonococcal infection in the male is furnished by the results obtained in arthritis, orchitis and epididymitis. Arthritis has invariably been cured or arrested. Patients who had been confined to bed were able to resume their occupation, and no cases of recurrence have been reported. The results were no less satisfactory than those already described in cases of gonococcal arthritis in the female. With regard to the results obtained in the treatment of orchitis and epididymitis, it can be said that there are few maladies in which treatment is followed by results so consistently good and rapid. Pain is relieved during the first application. After the third application and the expiration of ten days tenderness and swelling are reduced to zero, and the sole remaining sign is some thickening of the globus minor. This thickening does not remain in all cases. As already stated, it is seldom necessary to give more than three applications. At the end of 1923 the number of cases of gonococcal orchitis and epididymitis treated had reached 34.

With regard to the infection of the prostate and vesicles, there is at present insufficient evidence to permit a final statement. The results obtained in arthritis, orchitis and epididymitis when diathermy is applied only to the prostate and vesicles and the permanence of the effects, constitute strong presumptive evidence in favour of the conclusion that infection of the prostate and vesicles can be rendered extinct by diathermy. This conclusion is strengthened by the fact that gonococci were not found in the fluid obtained by massage of the prostate after diathermy, whereas they were present before the treatment.

Few cases of anterior urethritis alone have been treated by diathermy so far in the Electrical Department. In those which were treated by the method above described the symptoms disappeared, but it is questionable if this result was obtained more quickly than would have been the case if other methods of treatment had been adopted.

Full details of the methods which have been devised in the Electrical Department for the treatment of gonococcal infection of various regions by diathermy and the particulars of 106 cases will be found in a monograph which will shortly be published by William Heinemann.

NOTES ON GENERAL PRACTICE.

THE general practitioner is, no less than other men, under obligation to face his responsibilities *honourably*,* to support himself (possibly others too), and to make reasonable provision for adverse times. Neglect to do so is really dishonourable.

Appeals are constantly being made on behalf of doctors or their relatives for financial assistance, appeals which, in the majority of cases, would have been unnecessary but for the culpable neglect of the doctor in question.

Professional protection.—Anyone who reads the current medical and lay papers must know that charges are frequently brought against honourable and competent practitioners; that skilful counsel succeed in convincing juries that white is black; and that appeals are made on behalf of the wrongfully-convicted practitioners for money to aid in their appeals from conviction.

For the very moderate sum of £1 a year every doctor can, *and should*, join a medical defence union on the very day he qualifies, if possible, and in return he will receive the best legal protection available, together with complete indemnity against costs and damages.

What sympathy does that man deserve who is too mean or too negligent to avail himself of this opportunity to be independent of assistance from his medical brethren?

Medical charities.—If you neglect to help your distressed brethren, what right have you, when yourself distressed, to look to them for help? Every year, when the voting papers come from Epsom College, the first thing I look for is the presence or absence of the little note, "the late Dr. Blank was a subscriber for many years," and there go my votes and sympathies to the candidate whose relative was a subscriber.

Life insurance.—Few are the medical students whose health is such as to disqualify them for life insurance; few who are unable to pay the small premium asked for a healthy man of 18 to 20 years of age; yet we still see, too frequently, that "subscriptions are being asked for on behalf of the widow and children of the late Dr. Blank, who died at the early age of 34, leaving them wholly unprovided for."

If Dr. Blank was uninsurable, then he was unfortunate, and it is up to us to help; but, was he?

A word of caution here: Life insurance is an important business, worth taking trouble about. Don't take the advice of an "agent"; he will naturally press the claims of his own company. Consult a specialist in insurance, a qualified and reputable insurance "broker," who acts for no one company in particular. Make sure of his qualification first. His advice will cost you nothing, and your trouble will be well repaid. Whatever his advice, cross-examine him on it: How does the company he advises compare with others as regards—

Stability: Capital, type of investments, directors, bonus for past 15 years?

Liberality: Percentage of premiums asked?

And make him show you the latest printed Board of Trade return to prove his facts.

Accident and sickness insurance.—If your finances allow of it, you should consider this too. And here, again, a word of advice. Read through the sicknesses covered carefully. Beware the list which mentions typhus, yet omits pneumonia; mentions enteric fever *and* typhoid, but omits appendicitis. In short, insist on an "all-in" policy, with the exception of venereal diseases, which no company includes, so far as I know. If you can find one that does, so much the better, if only in view of digital chancre. Your broker can help you in another respect; some companies are very loth to admit a claim; you don't know the troublesome ones, but your broker does, and can steer you clear of them. In addition, a broker does a lot of business with a company, and is not a person to offend, whereas you are only one policy-holder, and of small consequence when you put in a claim.

You may say, Why not insure through one of the societies that give their profits to some charity? Well, it is a bad principle to mix sentiment with business. If there are profits available for charities, then you are paying more than you should for such benefits as are promised, obviously. It is better policy to go to a company that has one object only in view, viz. insurance. The money you save you can yourself send to any charity that seems deserving.

THIRD CHIP.

* The word "honourably" is emphasized in the hope that Bart.'s men will never allow their relatives, or themselves, through want of thought, to become objects for charity.

OBITUARIES.

DR. KLEIN.

MY earliest recollection of Dr. Klein is a sunny Sunday morning, probably in July, 1869, at 37A, Great Cumberland Place, when my father said, as was his custom just as a meal was being served, "Oh, Ann, I have just asked so and so to come in." My mother had become used to the formula, and as there were eight or ten of us all growing and hungry,

there was fortunately plenty to eat, and an additional mouth or two made but little difference. On this occasion it was, "Oh, Ann, I have asked a young German to lunch." At this time my father was on the Council of the New Sydenham Society, and having just finished editing an edition of Carpenter's *Physiology* on his own account, he had been deputed to translate Stricker's *Histology*, and the young German had been sent to England to arrange about the translation rights as I now suppose. Punctually to time the German arrived. He was an Austrian, in reality a Slav, and was certainly the handsomest man we had ever seen. Not a word of English could he speak, and my father's colloquial German was of the slenderest, whilst except for a sister who knew a little, the rest of the family were wholly ignorant of any language but their own. Everyone was friendly, the young Klein was talkative and merry, so by the time the dinner was over the table was covered with lexicons, dictionaries and wörter-buchs, and there had been a discussion as to whether what we called Debŏrah was not in reality Debōrah, by which we learnt that our guest had some knowledge of Hebrew. We also gathered that he was poor, when with some difficulty we had discovered the meaning of "arm," and that prices in Vienna had risen greatly in consequence of the war. I believe that he came to our house several times afterwards and that satisfactory terms were arranged about the translation on behalf of Stricker. We learnt afterwards that he was one of the most talented *privat dozents* working under Prof. Stricker, that he was born in 1844, and was the son of an Hungarian merchant of Eszek, near Vienna. He brought with him introductions to Huxley, Simon, Burdon Sanderson, William Turner and Thudicum, upon all of whom he made an equally favourable impression. He returned to Vienna as soon as his business was concluded, where he continued to teach histology and embryology, but he was not forgotten by his English friends. The smallpox epidemic and a fear of Asiatic cholera led Parliament, during Mr. Lowe's Chancellorship of the Exchequer, to devote a sum of £2000 to enable the Local Government Board to undertake laboratory investigations on disease. In April, 1871, Klein was invited by Sir John Simon, Medical Officer of the Privy Council, to return to England and undertake some histological and pathological researches, to be paid for out of the grant. He accepted the invitation and was allotted rooms in the Brown Institute, on the Surrey side of the river, just opposite the entrance to the Nine Elms Goods Yard of what is now the Southern Railway. He was given the title of Assistant Professor, and placed under the direction of Burdon Sanderson, then the superintendent of the institution. Here he worked with great energy, and issued a series of reports upon acute and chronic infective processes, diarrhœa, scarlatina, smallpox, typhoid fever and cholera—reports which were judged to be so valuable and original that he was elected F.R.S. in 1875. In 1872 he was appointed Lecturer on Histology at St. Bartholomew's Hospital, chiefly by the action of (Sir) William Savory, and this post he retained until 1884, when he became Lecturer on General Anatomy and Physiology in succession to Mr. Morant Baker. He was the sole lecturer on the subject until 1900, when Dr. Edkins was appointed to share it with him. From 1903 until 1911 he lectured on advanced bacteriology, and upon his retirement in that year he was given the title of Emeritus Lecturer.

The late Dr. Klein.

In 1873 he wrote the section on histology in the *Handbook for the Physiological Laboratory*—a work which marks the beginning of modern physiological methods in this country—and in 1876 he gave evidence before the

Royal Commission on Vivisection. His evidence excited so much adverse criticism that the Report issued by the Commissioners contains two versions—one purporting to be what he actually said, the other a revised version of what he wished to say. During the two months of the long vacation in this year I worked in his stuffy little laboratory, where with unfailing patience and good nature he initiated me into the methods of hardening, embedding, cutting freehand with a razor, and staining tissues for the microscope. It was a constant entertainment to watch him roll cigarette after cigarette with one hand whilst he was writing or drawing with the other, for cigarette smoking at that time was a novel art in England. The staining with nitrate of silver and chloride of gold I also learnt from him, and I still have a bill for "part of a rat's tail, 1*d*." The teaching stood me in good stead, for it enabled me to win an exhibition at Exeter College, Oxford, and a demonstratorship at Magdalen College under the University Lecturer on Physiology. In 1879 he published, with Mr. Noble Smith, a beautifully illustrated *Atlas of Histology*, and ten years later a small manual of the *Elements of Histology*, which had a large sale, ran through several editions, and was translated into French and German.

Teaching, however, was only of secondary importance in his life, for he was at work constantly on the origin of disease. The results of his investigations were formulated in 1884, when he published *Micro-organisms and Disease: An Introduction to the Study of Specific Micro-organisms.*

The Hospital deserves well of Klein, for it kept us in the forefront first in the teaching of histology by modern methods, and afterwards as a leading exponent of the new science of bacteriology. D'A. P.

J. F. STEEDMAN, F.R.C.S.

FRANK STEEDMAN, of Streatham, died absolutely suddenly of heart failure while sitting in a stand at Twickenham Football Ground just before the England *v.* Ireland Rugby match on Saturday, February 14th, and he will be deeply regretted by many Bartholomew's men, for amongst them he had very many friends.

A "Shropshire lad," he was born 70 years ago at Arcall. He went to Shrewsbury School, and remained its staunch supporter all his days.

Steedman did not come straight to Bart.'s on leaving school, for at first he intended to lead a country life and to become a land agent, and it was only after more than a year that he decided to join the medical profession, so that he was a little older than most of the men of his year. But he never regretted his decision, and took the keenest interest in his profession from the beginning to the end of his career.

After passing his finals he became house-surgeon to Mr. Langton, and was universally recognized as one of the very best and most practical residents, so that it was only to be expected that he should take the Fellowship of the Royal College of Surgeons soon after his tenure of office had expired.

His career as a medical practitioner was an uninterrupted success, and the causes of this were easy to find. In the first place he was blessed with abundant common sense, and, in the next, he knew his work, and kept himself always well informed of all the latest knowledge and advances in medicine. But, besides all this, he was one of the most kind-hearted and sympathetic of men, as well as one of the most unselfish and good-tempered. No wonder that he won the affection and confidence of everyone, and that he was deservedly popular with both rich and poor, and in every class of society.

He was all his life essentially a "Bart.'s man," and took the keenest interest in its welfare. At one time he was a frequent visitor to our "Surgical Consultations," and he constantly visited in our wards patients whose admission he had secured.

Many old students will also remember him as a member of the cricket elevens which represented the "Past" in the annual matches at Winchmore Hill in former years, and others will recall his enthusiasm at every "Rugger Cup Tie," and his delight when we won the cup in 1924.

Like many members of our profession, he took to golf some thirty years ago, and played two or three times a week at Mitcham.

Himself one of a large family, he was most happily married to a Streatham lady, and had five children, but neither of his two sons followed his profession.

He was active in work and in play till the day of his death, for although he had had transient periods of heart weakness for some years, he had never been incapacitated for a single day. It is probable that he knew that his life was insecure, but the knowledge never affected him, and with true courage he met danger with a smiling face, and with a smiling face he peaceably passed away. A. A. B.

YOGA YOGA.

I AM indebted to the Librarian for my introduction to a very stimulating periodical—*Yoga Mimansa*. This quarterly lies on the Library table with many other exotic journals, all resting undisturbed until they are removed to make place for the next generation.

It would be a pity, however, if *Yoga Mimansa* retired discreetly to its appointed corner before its message was more generally known; and although I cannot hope to give any adequate account of this valuable contribution to modern scientific knowledge, yet I may say enough to send readers to *Yoga* itself for further inspiration.

It is the first number of the quarterly publication of the *Yoga* cult, whose purpose is "to develop the objective character of Indian philosophy by making western laboratory methods reveal spiritual wonders." The Editor is of the opinion that their "research work will enrich the field of philosophy, psycho-physiology, therapeutics, spiritual and physical culture, etc."

Having tasted the first fruits, I do not doubt that his larger hope will be realized.

The Editorial starts admirably with the prayer, "May the Maker of all make this periodical a success. Blessed be the name of the Lord," but, a little later, the reader will be surprised to learn that "No superhuman agencies will be introduced into laboratory work, but it will be conducted in strict accordance with the recognized scientific methods of the West."

The Editor does us an unwitting injustice. He has not heard of Abrams' Box.

Sceptical readers may be reminded of the mountain and the mouse when they discover that this marriage of Eastern mysticism and Western science has resulted in the birth of—four physical exercises.

Let them not be precipitate in their judgment. These are not ordinary exercises.

The first is *Uddiyama*. This practice is called *Uddiyama* "because the diaphragm is made to fly up and is held high in the thoracic cavity."

There are startling photographs of gentlemen in varied positions holding high their diaphragms—and it looks a peculiarly painful process. The most obvious result is the production of the "scaphoid" abdomen (so beloved of the physicians), with the prow of the "boat" well beneath the chest-wall.

"This practice," we are told, "is particularly valuable when standing on the head; then the student is able to relax the levator ani and the sphincters and thus open his rectum. He can then release foul gases from his colon and admit fresh air into his rectum. This has great therapeutic advantages."

"You are old, Father William," the young man said,
"And your hair has become very white,
And yet you incessantly stand on your head:
Do you think at your age it is right?"

"In my youth," Father William replied to his son,
"I took in fresh air through my nose;
But now I perceive that my colon gets none
I supply all its needs in this pose."

I dare swear that Lewis Carroll never thought of this.

Let us pass quickly to the second exercise—*Nauli*. This "is the rotation and rolling out of the rectus abdominis until it stands out from the belly like an iron cylinder." The photographs of this exercise, like those of *Uddiyama*, must be seen to be justly appreciated. The exercise is used in the squatting position for the "Yogic flushing of the colon—a constant practice of this exercise gives full control over the rectal muscles, so that the organ can be forced open and water be drawn into the colon. This is called *Basti*."

Western science, with its circumlocution, would dub it auto-colonic lavage, but whatever it is called, it is undoubtedly an enormous advance. A moment's consideration of the time that is spent by the Hospital staff in giving enemata, rectal feeds, colon wash-outs, etc., will make this obvious. When the nursing profession evolves an efficient trade union, compulsory *Basti* for all patients should be the first plank in their platform.

But how does *Nauli* act? For many years our research-worker was so irritated by ignorant fools who suggested it was due to anti-peristalsis, that one day, in desperation, he inserted a tube in his rectum, connected it to a mercury manometer and did *Nauli*. Imagine his delight when the mercury fell 40 mm. *Nauli creates a partial vacuum.*

Now comes the charming part of this story. A Western scientist who had discovered this phenomenon would have tacked his own name on to it. Not so the unworldly Indian. With splendid selflessness he immediately thinks of his old master, His Holiness Paramahansa S'riman Madharadasa Maharajah; and so His Holiness has put on immortality, in company, it is true, with a partial vacuum in the large bowel.

Luckily we are given a full-length picture of this venerable gentleman, and there he stands—flowing robe, bare feet, white beard and walking-stick—to "witness if I lie."

The next section, labelled the Semi-Scientific, is devoted to a discussion of cæcal constipation in all its aspects.

Its comparative dullness is relieved by one eloquent passage. In spite of the fact that "Dr. Arbuthnot Lane, head surgeon of Guy's Hospital, says 'away with the colon,'" our author comes to an independent conclusion that "it is better to be with the colon than without it. Then must man die for this *nobly dangerous*

heritage of his? No man need die for his colon if only he knows how to use it. In *Uddiyama* and *Nauli* alone is salvation to be found."

Laying down one's life for one's colon must be quite the latest thing in martyrdoms.

The Popular Section contains accounts of two more exercises, the Pan-Physical Pose—so-called because it "builds up the thyroid gland," and the Fish Pose—named thus "because in swimming a person can float on water, like the fish, if he steadily lies there in this pose."

For further details of these remarkable postures I must refer those interested to *Yoga Mimansa*. It says much for the physical development of Indian women that these exercises are described "as peculiarly suited for the females."

I quote without comment two remaining passages.

"A young man in the thirties developed a habit of life which was calculated to lead to the degeneration of his testes. At a rough calculation these two glands must have lost between them 4 grm. of weight. After three months of *Uddiyama* his testes returned to their original size and weight. There are other cases yielding the same proof, but these are not so telling."

"Women are more religious than men, at least in India. Therefore Yogic principles are likely to help ladies much better than men; for in the former psychology would come to the help of physiology. To-day the Indian ladies have lost touch with this phase of religious activity. Will the most advanced of the lot (*sic*) come boldly forward to regain the ground which they have lost?

"But this," he adds in a naïve anticlimax, "is only by the bye."

A modest note in the editorial suggests that "to some the subscription may appear a little bit too heavy," but speaking for myself I would far sooner be denied any scientific Western periodical than miss the next number of *Yoga Mimansa*.

Possibly some commercially-minded humanitarian might be persuaded to popularize these practices over here.

It is not difficult to imagine suitable appeals to the great British public, as "Who's been missing his *Uddiyama?*"

CROSS-WORD SOLUTION.

Across.—1. Hemiphalacrosis. 3. Ecbolic. 5. Auantic. 7. Gt. 9. Nares. 11. Pli. 13. A.O.C. 15. Cu. 17. Eosin. 19. Edema. 21. Sn. 23. Hu. 25. Bodies. 27. Semi. 29. Hidro. 31. Egg. 33. An. 35. Ala. 37. Bregma. 39. Ig. 41. Pt. 43. Coal. 45. L.O.P. 47. Hieralgia. 49. Onyx. 51. Uln. 53. As. 55. Oral. 57. Smegma. 59. Ilia. 61. T.U. 63. Ru. 65. Dysentery. 67. Sr. 69. Abasia.

Down.—1. Hegar. 2. Ecto. 4. M.B. 6. Ion. 8. Placebo. 10. Hundo. 12. A.C.E. 14. ää. 16. Cup. 18. Râles. 20. Onions. 22. St. 23. Hilton. 24. I.I. 26. Scanning. 28. Cauda. 29. Haplopia. 30. Edebohl. 32. Migraine. 34. Naegele. 36. Maidism. 38. Empasm. 40. Pyoid. 42. Rasura. 44. X-ray. 46. Er. 48. Gums. 50. Ansa. 51. Ulcer. 52. Ss. 54. T.H. 56. Yb. 61. Te.

STUDENTS' UNION.

ABERNETHIAN SOCIETY.

THE Sixth Ordinary General Meeting of the Abernethian Society was held in the Abernethian Room on Thursday, February 5th, 1925.

Mr. Bolton being in the chair a clinical evening was held.

Seven cases were shown:

CASE 1.—Shown by Mr. Oakley. A man, æt. 50, complaining of swelling of the left testis. In discussion the site and nature of the swelling were debated. It was agreed that the testis proper was involved, and that the tumour was probably syphilitic or T.B. with a small hydrocele lying anteriorly. Orchidectomy was advised.

CASE 2, shown by Mr. Tait, was a boy, æt. 16, showing multiple exostoses and an ulnar nerve lesion. Open operation to free the nerve from the involving exostosis was advised, a fascial graft being placed around the nerve at the site of the lesion.

CASE 3.—Shown by Mr. Griffiths. A boy, æt. 12, with epispadias. Discussion as to the nature of operation and possibility of establishing control over micturition was discussed.

CASE 4.—Shown by Mr. Wilson. A woman, æt. 46, with a large swelling in the left side of her abdomen. Differential diagnoses of renal, splenic and ovarian tumours were discussed. It was decided to be splenic. The blood count and glycosuria were commented on.

CASE 5.—Shown by Mr. Woodrow. A man, æt. 49, with a swelling over the right clavicle and enlarged glands in both axillæ and groins.

After much discussion it was suggested that the growth was sarcomatous secondary to lympho-sarcoma, which in turn had developed from a previous condition of general lymphatic enlargement, probably lymphadenomatous.

CASE 6.—Shown by Mr. Malk. A man, æt. 34, complaining of swelling of his abdomen.

Differential diagnoses of hydronephrosis, pancreatic, mesenteric or hydatid cyst were discussed.

The Seventh Ordinary Meeting of the Abernethian Society was held in the Medical and Surgical Theatre on Thursday, February 12th, 1925, Mr. Anderson (President) being in the Chair.

Dr. REGINALD MORTON gave an address on "The Principles of X-Ray Therapy and their Application."

He commenced by describing briefly the properties of the X rays. In considering the translucency to them of all matter, he said that the *mean* atomic weight of the component substances governed the amount transmitted. On striking any substance the rays pass through it, being partly absorbed and giving off in the process secondary radiation.

He then went on to show the relative position of X rays to the spectrum of daylight, and how the band of X rays may roughly be divided into "soft" (*i.e.* those nearer the ultra-violet end of the spectrum) and "hard" rays, of still higher frequency and shorter wave-length. He wished to note the similarity in action of the "soft" X rays and the ultra-violet rays when applied to cutaneous tissues.

The next point was the use of the "hard" or "gamma" rays being essential in therapy, the "soft" variety, owing to their rapid destructive action on cutaneous tissues, only being used in radiography.

He wished to say that "deep therapy" was an erroneous term, as all X-ray therapy was strictly speaking "deep."

The beam from any X-ray tube as emitted is mixed: it consists of rays of all frequencies, "soft" and "hard."

It is therefore necessary to "filter" the beam before it is used in treatment, in order to get an homogeneous beam of only the "hard" rays. This may be done by interposing sheets of aluminium, and measuring the loss in radiation due to each additional sheet. The beam is homogeneous when, on the addition of further sheets, the percentage absorbed does not vary and graphically the falling radiation curve assumes a straight line.

Losses in radiation are due (1) to dispersion, which falls off as the square of the distance, (2) to absorption.

Dr. Morton next described accurate methods of measuring dosage. He disagreed with colorimetric procedures, and advised the use of an "ionization chamber."

Owing to the property of ionizing gases, X rays, when passed through a cylinder containing a charged gold-leaf electroscope, cause a discharge to take place owing to the ionization of the air. If this chamber be screened with beeswax or water—which react exactly as human tissues—the rate at which the electroscope discharges indicates the amount of radiation passing through to any given

depth. It is important completely to surround the chamber owing to the secondary radiation which takes places—as in the human body.

The emission of tubes is measured under constant conditions with a "surface field" of 6×8 cm. Increasing the field causes increase in secondary radiation.

The unit skin dose was next defined. It is "that dose which will cause hyperæmia in seven days, passing off in another seven days, and leaving a tanning of the skin in one month."

In treatment central lesions are more easily managed than superficial ones, and of all, pelvic lesions are to be preferred. The rays cause disintegration in the growth and increase phagocytosis around; which is necessary to enable broken-down substances to be removed. It is therefore important that nothing be done to the area before the rays are used. Dr. Morton added that surgical procedures, besides possibly causing local transplantation or dissemination, upset the lymphatic and vascular supply to the growth, rendering it much less vulnerable to the X rays.

In discussing tissue reaction generally, the more highly specialized the cells the more resistant are they to the rays. Of normal tissues brain and nervous structures stand 200 per cent. of the unit skin dose; muscle 180 per cent.; intestine barely 140 per cent., the colon and rectum standing rather less; 35 per cent. will effectually sterilize an ovary owing to the primitive nature of its cells. In abnormal tissues carcinoma is most resistant, particularly the scirrhus type. To break up the encephaloid carcinoma 110 to 120 per cent. is necessary; sarcomata only need 80 per cent.—the "small round-celled" type being most susceptible.

Cells are most easily broken down when undergoing active division. If some means of stimulating mitosis could only be discovered the treatment of malignant disease would greatly be facilitated.

Dr. Morton regretted to say that in this country nearly all cases sent to the radiologist are very far advanced, having recurred after operation, or, on account of locality or other special conditions, been pronounced inoperable. The few obtained in a favourable state have, however, held out great promise.

He gave extracts from six cases treated and followed up within the last six years.

CASE 1.—Man, æt. 57, who had suffered for eighteen months from difficulty in micturition, increased frequency, etc. For four months catheterized twice daily. The prostate was definitely enlarged and pronounced malignant by a well-known specialist.

Treated by one full application in June, 1921. In six weeks the catheter was discarded. In twelve months gained weight and lost cachectic appearance.

Unfortunately, contrary to advice, he did not return for further treatment, and developed secondary deposits in the liver and elsewhere.

CASE 2.—Man, brought to West London Hospital on a stretcher. Large carcinoma of rectum and prostate. Treated in 1921 with full dose. Up to the present time perfectly well and carrying on his work at a golf club.

CASE 3.—Woman, sent by Prof. Fullerton, of Belfast. Carcinoma of the rectum. In March, 1922, one application. Now perfectly well. Fibrous ring left: bougie passed once in six months.

CASE 4.—Man with a large mass (on X-ray) obstructing upper two-thirds of right lung. Portion of rib was resected, and on section growth proved "small round-celled sarcoma." Dr. Morton refused to treat on account of great risk. Patient insisted. Given full dose February, 1922. Recovery was complete. In August, 1922, X ray showed small lump, the size of a tangerine orange, in apex of right lung. In good health. Unfortunately one year later died of secondary deposits in spine.

CASE 5.—Woman with carcinoma of the cervix—friable, bleeding, involving vaginal wall. Given three treatments in 1922. In November, 1924, reported in excellent health. This case was declared "inoperable and hopeless."

CASE 6.—Man with lympho-sarcoma of omentum proved on laparotomy. Treated in 1916 by old method of fractional doses. Patient is now alive after nine years.

Dr. Morton added that of all suggested remedies up to the present for malignant disease the hard X rays is the only one worthy of serious consideration. It can, *up to a point*, be described as a cure. Surgery is not a cure—the surgeon cuts away what he confesses he cannot cure. Few things are more desirable than to learn what *can* be done with X rays when given equal and as favourable conditions as surgery.

Dr. Morton concluded by indicating cases suitable for treatment other than of malignant disease.

He wished to lay stress on those cases of metrorrhagia at the climacteric with or without fibroids; also all cases of actinomycosis and lupus only in the "wet" stage.

He mentioned the disadvantages attending this method of treatment—nausea, vomiting, and fall in the R.B.C. The latter is exaggerated, and is usually at most only 5–7 per cent. Shock is not severe under modern conditions.

The immediate mortality is very slight, and only occurs where a second application is given too soon. It should never be given before eight weeks have elapsed.

Points needing research are:

(1) Discovering some means of rendering growths more sensitive.

(2) Ascertaining changes in the cells and cause thereof.

(3) Treating 1000 cases irrespective of stage on an equal basis with surgery and see what are the results.

(4) Finding some way of making the X rays converge.

Mr. ANDERSON proposed a very hearty vote of thanks for Dr. Morton's most lucid address, and the meeting was declared closed.

RUGBY FOOTBALL CLUB.

HOSPITAL RUGBY CUP.

ST. BARTHOLOMEW'S HOSPITAL *v.* GUY'S HOSPITAL.

ON February 5th, at Richmond, we met and were defeated by Guy's by 8–3 in the First Round of the Inter-Hospital Rugger Cup. Guy's showed themselves the better team, and won deservedly after a very fast and clean game.

For Guy's at least one regular forward was unable to play, while Bart.'s lacked Royle and Aldridge in the backs and Buttery and Row in the forwards. The ground was in excellent condition.

From the first the Guy's forwards, who seemed much the heavier pack, heeled the ball well, and their backs attacked repeatedly, only to be driven back by good tackling and loose rushes or by their own numerous mistakes in handling. After about ten minutes' play Bart.'s scored through Neville taking fine advantage of a Guy's mistake. Fielding a ball which the Guy's three-quarter had endeavoured to kick over the heads of our backs, Neville burst past the opposing wing, completely beat their full back, and scored a fine try near the corner after a 50 yards' run. Bettington's kick just missed the posts.

Guy's continued to gain possession of the ball in the scrums, and pressed strongly, but magnificent tackling by our forwards and backs kept them at bay, while our forwards made several excellent loose rushes. Mistakes in handling by the Guy's three-quarters cost them a couple of practically certain tries, and no further score resulted in this half.

It was not till well into the second half that Guy's drew ahead, their mishandling costing them dearly; at last, however, their threes got moving properly at the end of a period of finely sustained attack in our "25." The ball reached their right wing, and Fellowes-Smith, with a clear run, raced over near the corner; Neser converted with a perfect kick, putting Guy's ahead, 5–3.

After this, fierce attacks and counter-attacks succeeded one another in rapid succession. Preen, the Guy's stand-off half, who was playing a fine game, found people to accept two perfect dummies, and broke through twice close to our scrum; both attacks looked very dangerous, the first being stopped by tackling and the second by a knock-on right on our goal-line.

Just before the end the ball came to Preen while in our "25," who immediately hurled a fine pass right out to the Guy's right wing, Fellowes-Smith picked it up on a favourable bounce, and, outflanking our wing, scored a fine try in the corner before the full back could possibly reach him. Neser's kick just failed.

Bart.'s forwards attacked vehemently, in loose dribbling rushes, but again and again were driven back by the really fine line-kicking of Preen and van Schalkwijk, and we were unable to score again.

Guy's showed themselves the more finished attacking side, and in spite of mishandling always looked dangerous; their forwards heeled very well, whereas our forwards held the honours in loose rushes and line outs. Our whole team defended magnificently; in the attack, however, there were noticeable lack of thrust and finishing power. Both teams exploited, with great lack of success, the oblique punt over the opposing three-quarters' heads. Our forwards worked themselves to a standstill; they were unable to keep possession of the ball for long, however, and were driven back

by long kicks; their heeling was not good, and our backs in consequence did not get many chances to attack; the latter's spacing and lining back was distressingly irregular; their tackling was magnificent.

Special mention should be made of Stokes's fine display at forward: he was always on the ball, and played the game of his life. Williams at scrum half did some fine spoiling work, and Fitzgerald's tackling was a joy to watch. Vergette deserves all praise for the really hard game he played, though handicapped by a severe cold. Morgan did fine work in the open, especially in the first half, and Bettington worked extremely hard and kept the forwards going right till the end.

May we congratulate Guy's on their resolute win!

Team.—E. V. Frederick, *back*; L. C. Neville, M. G. Fitzgerald, A. Macgregor, E. V. M. Pentreath, *three-quarters*; H. Macgregor, T. P. Williams, *halves*; W. Morgan, M. L. Maley, T. J. Pittard, R. H. Bettington, E. S. V. Vergette, K. Stokes, J. Edwards, C. R. Jenkins, *forwards*.

HOCKEY CLUB.

2ND ROUND INTER-HOSPITAL HOCKEY CUP.

ST. BARTHOLOMEW'S HOSPITAL *v.* KING'S COLLEGE HOSPITAL.

Bart.'s beat King's at Richmond on Tuesday, February 3rd, by 6 goals to none. For the first ten minutes of the game the losers had all the better of the play and were unlucky not to score, their inside right hitting the post with a hard shot, but the ball bounced back into play. Afterwards, however, Bart.'s had most of the game, especially in the second half, when they scored five goals. Twenty minutes from the start Church scored with a good shot from a corner, no further score being made in the first half. Soon after half-time a combined rush resulted in Sinclair scoring, and Church added a third goal immediately afterwards. Bart.'s continued to keep the game in King's half, and later Briggs scored from the edge of the circle. Five minutes later Sinclair scored from a pass with a hard rising shot. King's then attacked and were prevented from scoring by Windle, who played his usual sound game in goal. From this, Foster carried out an individual run, which enabled Guinness to score the sixth goal for the Hospital.

Bart.'s halves backed up their forwards well, and what little the defence were called upon to do they did capably.

Team: R. W. Windle; B. E. T. Mosse, R. A. Walsh; J. H. Attwood, W. A. Briggs, S. B. Benton; M. R. Sinclair, G. W. S Foster, H. W. Guinness, J. E. Church, J. G. Milner.

ST. BARTHOLOMEW'S HOSPITAL *v.* ST. ALBANS.

Played at St. Albans on Saturday, January 24th, on a ground in very good condition, and resulted in a win for the Hospital 10–1. The Hospital showed good stick-work throughout the game, and as a team played well together. The first half was fairly even, with the Hospital having the better of the game and scoring twice through Church. About half-way through this half, Cutting, unfortunately, had his right hand badly injured and was unable to continue.

In the second half, in spite of being one man short, the Hospital scored eight more goals, Church, Milner, Foster and Guinness each scoring twice. Late in this half St. Albans' forwards made a rush, which resulted in their scoring.

Mosse and Benton both played a good game at back, repeatedly preventing combination between the opposing forwards and clearing well.

Team: R. W. Windle; B. E. T. Mosse, S. B. Benton; J. H. Attwood, W. A. Briggs, P. J. Cutting; M. R. Sinclair, G. W. S. Foster, H. W. Guinness, J. E. Church, J. G. Milner.

ST. BARTHOLOMEW'S HOSPITAL *v.* ST. LAWRENCE COLLEGE.

Played at Ramsgate on Saturday, January 31st, on a somewhat bumpy ground, which interfered with good stick-work. The Hospital lost the toss and started play down a slight slope. The game was fast and even. In the first half the Hospital, having the better of the game, were unlucky not to score on three occasions. At half-time neither side had scored, but soon after the resumption of play the Hospital forwards got away and Milner scored. The College then pressed, and their inside left, being unmarked, was able to score with a good shot from a difficult angle. The College kept the game in the Hospital's half, and were only prevented from scoring by the sound goal-keeping of Windle. After some play in mid-field the College attacked and scored from a *melée* in front of goal. No further goals were scored, the Hospital thus losing 1–2—one of the best matches of the season.

Team: R. W. Windle; B. E. T. Mosse, R. A. Walsh; J. H. Attwood, W. A. Briggs, S. B. Benton; M. R. Sinclair, G. W. S. Foster, H. W. Guinness, J. E. Church, J. G. Milner.

ASSOCIATION FOOTBALL CLUB.

SEMI-FINAL INTER-HOSPITAL A.F. CUP.

ST. BARTHOLOMEW'S HOSPITAL *v.* MIDDLESEX HOSPITAL.

Played on St. Thomas's ground, Chiswick, on February 12th.

In the first half the play was confined to the Middlesex half, but our forwards were unable to score, Clark being particularly unlucky in this respect. The Middlesex forwards occasionally broke away, but could not penetrate Bart.'s sound defence.

In the second half the Middlesex forwards attacked more often, but in the last twenty minutes Bart.'s played very good football and Mailer scored two goals, the Hospital winning the game by two goals to *nil*.

Parrish and Crumbie were the outstanding players on our side.

SEMI-FINAL INTER-HOSPITAL JUNIOR A.F. CUP.

ST. BARTHOLOMEW'S HOSPITAL *v.* LONDON HOSPITAL.

Played on the London ground on February 19th.

Bart.'s always had the game in hand, and eventually won the match by two goals (Burgess and Watson) to one.

ATHLETIC CLUB.

THE Students' Union Council have confirmed the awarding of "Honours" to the following for season 1924: J. D. Allen, W. W. Darley, W. S. Henton, W. S. Morgan, R. D. Reid, H. B. Stallard and P. R. Viviens.

A word for the forthcoming season:

Given sufficient support and encouragement by the members of the Hospital, the A.C. have high hopes this year of winning two Cups whose rightful place is the Library table. There is no reason why the dual feat should not be accomplished. All that is required is more whole-hearted support and particularly a little new blood. It is unfair to expect some of the "famous" old stagers to continue year after year doing more than their share towards the object. Just because we have one or two first-class men there is no reason why they should be left to do everything.

(1) *The Hare and Hounds Section.*

The Competition for the United Hospitals Cross Country Cup is to be held over a 7-mile course at West Wickham on Wednesday, March 11th. The Hospital contains one or two men certain of places if only a few more can be induced to turn out. The Cup is ours. Will all those interested inform Mr. W. W. Darley and turn out for training runs on Wednesdays at West Wickham. Everyone will be heartily welcomed.

(2) *The Ordinary A.C.*

This year we are arranging for some Inter-College contests to take place before the Inter-Hospital Meeting, in order to get a good team ready for the all-important event. Regular training will be started at the end of March, so everyone can turn up and try their hand. This is an excellent opportunity of keeping fit "in good company"—in spite of the strenuous life that students lead. W. S. H.

UNITED HOSPITALS HARE AND HOUNDS.

7-MILE HANDICAP.

Held at West Wickham on January 21st over the Club's 7-mile course, competitors being started off according to their time allowance. Darley (scr.) soon made headway with the field, and won by 5 yards from Wills (Guy's) with 2 mins. start. Bart.'s were well represented with J. E. Snow (8 mins.) 3rd, O. H. Bellerby (6 mins.) 5th, M. D. Young (8 mins.) 6th. Jago (Guy's), who started scratch, finished fourth.

H. N. Walker laid an excellent trail.

U.H.H.H. *v.* WESTMINSTER BANK.

Run at West Wickham on February 11th over a 5-mile course. The Hospitals turned out a weak side, and counting 5 a side, the visitors won by 23 points to 31. J. N. Ovington and G. C. Pond, of the Bank, started at a fast pace and kept the lead till half distance, when they were overtaken by Darley, who went away to win by

300 yards. Chitty (Guy's) finished 5th, and was second for the Hospitals. H. N. Walker ran well to dead-heat with Layfield (Bank) for 6th place. O. H. Bellerby (Bart.'s) was 5th scoring man for the home side, followed by J. E. Snow and C. S. Wise. Result:

Westminster Bank.—2, 3, 4, 6, 8 = 23.

U.H.H.H.—1, 5, 6, 9, 10 = 31.

U.H.H.H. *v.* ORION HARRIERS.

Run at Chingford on February 18th through 5 miles of Epping Forest mud. The Hospitals at last turned out a representative team, and had the satisfaction of winning with their five scoring men in the first seven home.

Orion went off at a fast pace, but by two miles Darley had caught up with Ross, who was leading, the two keeping together till the end, when the Orion man went away to win by 20 yards. Jago (Guy's) finished 3rd, Chitty (Guy's) 5th, and J. N. Walker (Bart.'s) and Simpson (King's) tied for 6th place. J. E. Snow finished 12th and O. H. Bellerby 18th. Result:

U.H.H.H.—2, 3, 5, 6, 7 = 23.

O.H.—1, 4, 8, 9, 10 = 32.

Thus ends the most successful season that the Club has had since the war, and of 5 matches 3 have been won and 2 lost. It is pleasing to see that Bart.'s has taken as prominent a part as any other hospital in this success, and it is to be hoped that this will be still more marked next winter.

Now let us go on and beat our old rivals, Guy's, in the Inter-Hospital Cup on March 11th. It is sixteen years since we last held the Cup, and every man who has ever worn a shoe will be needed to recover it this year, so roll up and see what you can do at West Wickham on Wednesday week. It's an excellent excuse for taking an afternoon in the country, and you'll be doing your Hospital good service at the same time.

THE UNITED HOSPITALS SAILING CLUB.

THIS club has now a membership of forty, seven hospitals being represented.

The winter meetings have been few but good, the programme including the Annual Dinner last October and papers read by the Commodore and Vice-Commodore.

The Club owns three dinghies, of which two are 14-foot centre-board boats built on identical lines for racing. These will be allotted to hospitals in rotation for periods of one week from April to October.

A challenge cup has been offered for Inter-Hospital races, teams to consist of two members. The Annual Regatta will be held in August.

The headquarters of the Club are at Farnbridge on the River Crouch, when good sailing may be had at all states of the tide and comfortable rooms obtained for 5s. bed and breakfast.

A prize will be given for the best log of a cruise made during the coming season. The annual subscription is 5s. Anyone interested should apply to W. A. Lister, The London Hospital, E. 1.

CHRISTIAN UNION.

A STUDY Circle will meet on the Wednesdays in March at 4.15 p.m. in Room 1, Resident Staff Quarters.

"THE WATCHERS OF THE DAWN." 1123—1924.

THE above enterprising brotherhood was responsible for a most jovial evening on February 14th, when they gave their first smoking-concert at the Ludgate Circus Restaurant with Dr. C. Lane-Roberts in the Chair. The tireless secretary, B. A. J. Mayo, and the concert committee are to be congratulated on the attractive arrangement of the room and stage, as well as on the wealth of talent they succeeded in bringing to light. Neither the "Watchers" nor their guests could detect any creaking in the machinery of organization from beginning to end.

B. H. Gibson and his band, "The Black and White Four," effectively removed the bung, so to speak, and from that moment until the National Anthem there was no check to the flow of good spirits.

Among so brilliant a constellation (and we certainly saw many stars that night) it would be invidious to mention names, but P. Mellows was indefatigable. In his first item he bore a strong resemblance (intentional, I am told) to another man, equally famous; and in the second half of the programme he successfully played "juvenile lead" in a poignant melodrama which might with advantage have come earlier in the evening.

The other items sustained an equally high standard of excellence. J. Parrish and P. E. Pym delighted everybody with their songs, and B. E. T. Mosse and A. C. Helme with their well-rehearsed syncopations. E. R. Cullinan's conjuring (in the course of which H. A. Balcon gave an excellent impersonation of Napoleon) was of professional merit.

Among the instrumentalists, W. S. Maclay and B. H. Gibson on the bagpipes (a Scottish instrument) provided one of the most popular "turns" of the evening, although one was hoping for a Highland fling as an encore. For the rest, H. Royle and E. V. H. Pentreath on their mandolines, and the various accompanists—so hard-worked and so little thanked—more than carried their weight in this accomplished crew.

One's only regret was that item No. 22—"E. Bridle—Unharnessed"—for some reason did not take place.

Altogether a most amusing evening. A. B.

REVIEWS.

ULTRA-VIOLET RAYS IN THE TREATMENT AND CURE OF DISEASE. By PERCY HALL, M.R.C.S., L.R.C.P. (Heinemann.) Price 7s. 6d. net.

This book is distinguished by introductions from Dr. Leonard Hill and Sir Henry Gauvain—two pioneers in the region of ultra-violet ray therapy.

Admirable as these introductions are, Dr. Hall's book does not require any "preliminary puff"—it is a lucid and enthusiastic account of the possibilities, proven and latent, in this comparatively new branch of therapeutics.

He relates briefly the history of the subject, including the recent research work which has been done in England and elsewhere, notably the discovery by Hill and Eidinow, that exposure to light increases the bactericidal power of the blood.

The most valuable part of the book is a description and comparison of the various forms of lamp, including the aluminium and carbon arc and the tungsten arc lamps.

The technique employed by the author with the most generally useful lamp, the tungsten arc, is described in detail, and the book may therefore be recommended to medical men who are interested in the practical side of the treatment. But everyone, even the intelligent layman, will be interested in the account of the various conditions which, in Dr. Hall's own practice, have been benefited by ultra-violet radiation; his cases are well authenticated, and include a variety of skin-diseases, rickets, tuberculosis and rheumatic conditions.

We hope that this excellent book will be read by those who are ignorant of the subject, and by everyone who is interested in the health and welfare of the community.

Dr. Hall hopes to see light clinics established in every large centre of population. His own book should do much to make this hope realized.

MANUAL OF SURGERY. By ROSE and CARLESS, with the assistance of CECIL WAKELEY, F.R.C.S. (Baillière, Tindall & Cox.) Price 30s.

Since the first edition of this book was published twenty-six years ago many other books on surgery have arisen to challenge its supremacy; but it still remains for the student the best general text-book. It would not be difficult to point to other books in which certain sections are better done than they are here, in which the general make-up is more pleasing, the printing better and the illustrations more profuse. But when all this has been said there is no other book which attains to such a uniform standard of excellence, and which can be more cordially recommended to the student.

This eleventh edition is, in many respects, a great improvement on the tenth. It is notable for the appearance of a fresh name on the title-page. Mr. Carless has obtained the assistance of a younger surgeon, Mr. Cecil Wakeley, in bringing the book up-to-date, and a careful comparison with the last edition shows that Mr. Wakeley has done his work well.

The index, which was thoroughly bad, has, we are glad to see, been carefully revised and corrected.

JUNIOR NURSING MANUAL No. 2, BRITISH RED CROSS SOCIETY. By BEATRICE AGAR. (Cassell & Co.)

Most girls' schools now teach first aid and hygiene, and for such class work this book is admirably suited. The language is clear and simple, and the book deals only with subjects likely to be needed by the amateur.

THE NURSING MIRROR POCKET ENCYCLOPÆDIA AND DIARY, 1925.

The fact that this is the eighteenth issue of this book proves its usefulness. The alphabetical arrangement greatly facilitates reference, and there are numerous tables, while the book does not contain much unnecessary information.

Erratum.—The name of F. W. Robertson, M.D., should have been mentioned in connection with the case of transverse presentation which we published in our last issue.—ED.

EXAMINATIONS, ETC.

UNIVERSITY OF OXFORD.

The following degrees have been conferred:
B.M.—M. J. W. Minshull, A. W. L. Row.

CONJOINT EXAMINING BOARD.

First Examination. January, 1925.

Chemistry.—H. V. Burt.
Physics.—H. V. Burt.
Elementary Biology.—H. V. Burt, M. W. Gonin, H. G. Hind.

Pre-Medical Examination.

Chemistry.—R. H. Leaver.
Physics.—H. L. Hodgkinson, R. H. Leaver.

Second Examination.

Part I. Anatomy and Physiology.—A. N. Hobbs, E. ap I. Rosser, J. E. Snow.
Anatomy only.—W. A. Wood.
Physiology only.—N. B. Colman, E. C. T. Foot, J. T. C. Gray, C. J. Sanderson, J. L. Smith, R. Zeitlin.
Part II. Pharmacology and Materia Medica.—J. G. Cox, A. P. Gaston, B. Kettle, K. Knowles, C. D. de Labilliere, E. G. Laurence, A. Myerson, G. P. Nixon, L. G. M. Page, A. de la C. Russian, J. M. Taylor, H. A. Tracey, C. J. Sanderson.

Final Examination.

The following have completed the examination for the Diplomas of M.R.C.S. and L.R.C.P., and have had the Diplomas conferred on them:

J. D. Allen, C. E. G. Beveridge, W. A. Bourne, S. Brest, H. F. Brewer. D. A. Brigg, D. J. Brims, R. J. Brocklehurst, H. F. Chillingworth, H. A. Clegg, C. P. Craggs, J. Currie, G. E. Ellis, M. G. Fitzgerald, H. Levy, A. C. Liesching, A. W. C. Mellor, W. R. Nash, G. W. C. Parker, A. E. Parkes, M. D. Rawkins, A. F. Taylor, W. R. Thrower, R. A. Walsh, L. B. Ward.

CHANGES OF ADDRESS.

CORBETT, R. S., Department of Surgery, University Hospital, Ann Arbor, Michigan, U.S.A.
HALL, P., 146, Harley Street, W. 1. (Tel. Langham 2338.)
HILL, N., 136, Harley Street, W. 1. (Tel. Mayfair 6397.)
IRVING, J. B., 2, Oak Hill, Dawlish, Devon.
KENNEDY, W. W., Sherwood House, Coombe Martin, Devon.
LEITCH, J. N., Moran P.O., Assam, India.
MCCURRICH, H. J., 67, Dyke Road, Brighton.
MORFORD, A., Southwood, Grand Avenue, Worthing, Sussex; *and* 12, Buckingham Palace Road, S.W. 1.
NANKIVELL, A. T., Duke of Cornwall Hotel, Plymouth.
STEEL, C. R., Tanganyika, British East Africa.
TUNBRIDGE, W. S., Oxted, Surrey.
YEATMAN, J. W., Old Beach Road, Brighton, S. Australia.

APPOINTMENTS.

ALLEN, J. D., M.R.C.S., L.R.C.P., appointed House-Surgeon to the Royal Gwênt Hospital, Newport, Mon.
DAVIES, J. CONWAY, M.R.C.P.(Lond.), appointed Physician to the Seamen's Hospital.
FRANCE, F. G., M.R.C.S., L.R.C.P., appointed House-Physician to the Hospital for Consumption and Diseases of the Chest, Brompton Road, S.W.
GALSTAUN, S. G., M.R.C.S., L.R.C.P., appointed Hon. Radiologist in Charge of the Radiology Department of the Medical College Hospitals, Calcutta.
MCCURRICH, H. J., M.S.(Lond.), F.R.C.S., appointed Medical Officer, Poor Law Institute, Brighton.
NANKIVELL, A. T., M.D.(Lond.), D.P.H.(Cantab.), appointed Medical Officer of Health, Port Medical Officer, Chief Tuberculosis Officer and School Medical Officer to the County Borough of Plymouth.
PADDLE, K., M.R.C.S., L.R.C.P., appointed Assistant Medical Officer, West Riding Asylum, Wakefield.
PIDCOCK, B. H., M.B., B.S.(Lond.), appointed Assistant Surgeon to the Royal Hants County Hospital, Winchester.
SAXBY-WILLIS, F. E., M.D.(Lond.), M.R.C.P., appointed Consulting Physician to the Weir Hospital, Clapham Park, S.W.
SMITH, A. W. H., M.R.C.S., L.R.C.P., appointed House-Surgeon to the Huddersfield Royal Infirmary.
TREISSMAN, H., M.R.C.S., L.R.C.P., appointed Resident Medical Officer to the Jenny Lind Hospital, Norwich.

BIRTHS.

MITCHELL.—On February 18th, at 129, Wigmore Street, to Kitty, wife of W. E. M. Mitchell, M.C., F.R.C.S.—a daughter.

MARRIAGES.

HENSHALL—SHORE.—On February 18th, at the Priory Church of St. Bartholomew-the-Great, E.C., by the Rev. Tilden Smith, Edward, son of the late William Henshall and Mrs. Henshall, of Colwyn Bay, to Marjory Amelia, elder daughter of Dr. and Mrs. T. W. Shore, of Upper Norwood.
HORDER—GIVEN.—On January 28th, at Mossley Hill, Liverpool, Cecil A. Horder, M.A., F.R.C.S., son of the late E. G. Horder, F.R.C.S.(Ed.), and Mrs. Horder, to Jessie, daughter of J. C. M. Given, M.D., M.R.C.P., and Mrs. Given, of Liverpool.
LAPTAIN—PEATE.—On February 9th, 1925, at the Parish Church, Newton Ferrers, Devon, Jonathan Henry Rich Laptain, of Yealmpton, Devon, to Hilda, younger daughter of Mrs. and the late Mr. Peate.

GOLDEN WEDDING.

STEVENS—FERGUSSON.—On February 18th, 1875, at Aberdeen, Alfred Felix Stevens, M.D., of Stoke Newington, N. (later The Hawthorns, Stamford Hill), to Jane Armstrong, eldest daughter of Mr. and Mrs. Robert Fergusson, of Aberdeen. Present address: Longville, Cheltenham.

DEATHS.

KLEIN.—On February 9th, 1925, at 13, Wilbury Villas, Hove, Prof. E. E. Klein, M.D., F.R.S., aged 80.
STEEDMAN.—On February 14th, 1925, suddenly, of heart failure, John Francis Steedman, F.R.C.S., of "Arcall," Prentis Road, Streatham.

NOTICE.

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, *St. Bartholomew's Hospital, Smithfield, E.C. 1.*

The Annual Subscription to the Journal is 7s. 6d., including postage. Subscriptions should be sent to the MANAGER, W. E. SARGANT, M.R.C.S., *at the Hospital.*

All Communications, financial or otherwise, relative to Advertisements ONLY should be addressed to ADVERTISEMENT MANAGER, *The Journal Office, St. Bartholomew's Hospital, E.C. Telephone: City 510.*